



Commission Use Only:

Fee Received: \_\_\_\_\_

Date to DGC: \_\_\_\_\_

## APPLICATION FOR KEY EMPLOYEE LICENSE

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please note responses on a separate sheet of paper and attach to the application.

### SECTION 1: TYPE OF LICENSE

Initial ☐ Renewal ☐

### SECTION 2: PERSONAL INFORMATION

Applicant's Full Legal Name:

Gender: Male ☐ Female ☐

First

Middle (if applicable)

Last

Other Names: Aliases, Name Changes, Former, Legal, Maiden, and Nicknames

E-mail Address (if applicable):

### SECTION 3: TITLE/ WORK SCHEDULE/ DESCRIPTION OF DUTIES

Job Title:

Work Days and Hours:

Brief description of duties:

### SECTION 4: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant signature: \_\_\_\_\_

Print Name:

Date:

### SECTION 5: ESTABLISHMENT INFORMATION

Name of Gambling Establishment:

Gambling Establishment Business Address:

Street

City

State

Zip Code

Mailing Address (if different than Business Address):

Street

City

State

Zip

Code

Business Telephone Number:

Business Facsimile Number (if applicable):

Designated Agent/Authorized Representative/Owner's Name

Contact Number:

Designated Agent/Authorized Representative/Owner's Signature

Designated Agent/Authorized Representative/Owner's E-mail:

## APPLICATION FOR KEY EMPLOYEE LICENSE INSTRUCTIONS

Retain a photocopy of the complete application packet for your permanent records. A separate application and fee is required for each applicant. Applications not fully and accurately completed (including all required supporting materials) will be returned to the sender for completion. If the application is returned at any point in the processing, the applicant will need to follow the directions included with it and resubmit it in a timely manner. The applicant is responsible for providing the appropriate information needed to determine eligibility for the issuance of a State Gambling License each time an application is submitted. If a question is not applicable, indicate with "N/A." If additional space is needed, use a separate sheet of paper and precede each response with the applicable section and item. Attach the paper to the back of the application. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. If any or all information is not provided, the application may be delayed, returned for completion, or denied.

Items required for the application to be considered complete:

- Application for State Gambling License (CGCC-030)
- A non-refundable \$500 application fee (*payable to: the California Gambling Control Commission*)

In addition to completing this application, applicants must also furnish supplemental information as required by Title 4, California Code of Regulations, section 12270. See, especially, the form entitled *Instructions to Applicants, DGC-APP.007 (Rev. 09/034)* for additional information.

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### SECTION 1: TYPE OF LICENSE

Indicate whether you are applying for an initial or a renewal license by checking the appropriate box.

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### SECTION 2: PERSONAL INFORMATION

Provide your full legal name and list all other names. You must notify the Commission of any name, address or telephone number changes.

Your information is used to provide proper identification of your file, to contact you, and/or to determine your eligibility. Personal information contained in the *Application for Key Employee License, CGCC-031* may be disclosed to the public in accordance with the Gambling Control Act (Business and Professions Code section 19821(b)).

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### SECTION 3: TITLE/ WORK SCHEDULE/ DESCRIPTION OF DUTIES

Enter the job title applied for, specify regular work days and hours, and provide a brief description of duties relating to the position.

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### SECTION 4: DECLARATION

Sign and date the application under penalty of perjury. An application must be signed and dated to be considered complete.

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### SECTION 5: ESTABLISHMENT INFORMATION

Enter the requested information in the boxes provided. The designated agent/authorized representative/owner's printed name and signature MUST be complete to verify that the applicant has been offered a key employee position at the gambling establishment.